

FCC Mail Room

9462 Osmo Street, Kaleva, Michigan 49645 (231) 362-3111

REDACTED - FOR PUBLIC INSPECTION

October 11, 2013

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

RE:

WC Docket No. 10-90, WC Docket No. 11-42

2013 ETC Annual Report of Kaleva Telephone Company Study Area Code 310703

Dear Ms. Dortch:

Attached are the confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. We seek confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

∬on Cribbs President

Enclosed

No. of Copies rec'd_____(List ABCDE

REDACTED - FOR PUBLIC INSPECTION

THE PERSON NAMED IN COLUMN	m 481 - Carrier Annual Reporting Hection Form		FCC Form 481 OMB Control No. July 2013	3060-0986/ON/8 Control No. 3060-0813
<010>	Study Area Code	310703		
<015>	Study Area Name	KALEVA TEL CO		Received & Inspected
<020>	Program Year	2014		ост з 0 2013
<030>	Contact Name: Person USAC should contact with questions about this data	JACK C. SCHAEFER		FCC Mail Room
<035>	Contact Telephone Number: Number of the person identified in data line <	231-362-3 111 030>		
<039>	Contact Email Address: Email of the person identified in data line <03	jcschaefer@kalte)>	lnet.net	
ANNUA	E REPORTING FOR ALL CARRIERS			54.313 55.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	ox if no outages to repor	(complete attached worksheet)	/ /
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice), Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	0	(attach descriptive document) (attach descriptive document)	✓
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (v Fixed 0.0 Mobile Number of Complaints per 1,000 customers (k Fixed Mobile			
<500> <510> <600> <610> <700> <710> <800> <1000> <1010> <1110> <1110>	Service Quality Standards & Consumer Protect Functionality in Emergency Situations Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Terrestrial Backhaul (Y/N)? Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Condition of the Cap Additional Capabolic Cap Capabolic Cap Additional Capabolic Cap Capabolic Capab) tional Documentation W		
<2000> <2005>	Including Rate-of-Return Carriers affiliated wi	tn Price Cap Local Exchan	ge Carriers (check to indicate certification) (complete attached worksheet)	· / / / / / / / / / / / / / / / / / / /
<3000> <3005>		tional Documentation W	Vorksheet (check to indicate certification) (complete attached worksheet)	V

200	ervice Quality Improvement Reporting	FEC Form 481. OMB Control No. 3060-0986	
Data Co		July 2013	COMB CONTOL NO. 3060-0819
			连机模型的NAME (4) ACCO (
<010>	Study Area Code		
<015>	Study Area Name KALEVA TEL CO		
<020>	Program Year 2014		
<030>	Contact Name - Person USAC should contact regarding this data JACK C. SCH	EFER	
<035>	Contact Telephone Number - Number of person identified in data line <030> 231-362-3	11	
<039>	Contact Email Address - Email Address of person identified in data line <030> jcschaefe	r@kaltelnet.net	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O	
	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.		
<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is CETC which only receives frozen support, your progress report is only required to address voice telephony service.	a	
		Name of Attached Document (.pdf)	
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	name of Actached Document (.pur)	
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

	ice Outage Reporting (Voice)		FCC Form 481: OMB Control No. 3060-0986/OMB	
P⊳ta Cod€	ection Form		льу 2013	Control No. 3060-0819
<010>	Study Area Code	310703		
<015>	Study Area Name	KALEVA TEL CO		
<020>	Program Year	2014	<u> </u>	
<030>	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER		
<035>	Contact Telephone Number - Number of person identified in data line	2<030> 231-362-3111		
<039>	Contact Email Address - Email Address of person identified in data lin	e<030> jcschaefer@kaltelnet.net		-

<220>

> .	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	· <f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
								(144,),,,,,,,,		,		
												-
L												
L				* :			See attache	d				
L				*****			rksheet	<u> </u>				
L		_				VVU	i Karieet					
									<u> </u>			
-												
\vdash			**************************************		·							
┢							·····					
\vdash									\			
\vdash									 			
							ř.					
Г												
Γ												

	oc Offerings including Voice Rate Data		3060-0385/OMR Control No. 3060-0819
<010>	Study Area Code	310703	·
<015>	Study Area Name	KALEVA TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER	
<035>	Contact Telephone Number - Number of person identified in data line <030>	231-362-3111	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcschaefer@kaltelnet.net	
<701>	Residential Local Service Charge Effective Date 1/1/2013		

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
Ī									
ŀ				- V-91- 2					
ŀ									
ŀ									
-									
- }								· · · · · · · · · · · · · · · · · · ·	
H			•					·	
ŀ	•			,					<u> </u>
ŀ			ļ						
-							- ***	· · · · · · · · · · · · · · · · · · ·	
1					See att	ached worksheet			
-									
L							\		
-	1								
						i.			
ľ									
}									
ŀ		· · · · · · · · · · · · · · · · · · ·							

(710) Broadba	and Price Offerings		FCC Form 481			
lace.	on Form		OMB Control No. 3060 0986/OMB Control No. 3060 0819 July 2013			
The state of the s						
<010> Stud	dy Area Code		310703			
<015> Stud	dy Area Name		KALEVA TEL CO			
<020> Prog	gram Year		2014			
<030> Cont	ntact Name - Person USAC should co	ontact regarding this data	JACK C. SCHAEFER			
<035> Cont	Contact Telephone Number - Number of person identified in data line <030> 231-362-3111					
<039> Cont	Contact Email Address - Email Address of person identified in data line <030> jcschaefer@kaltelnet.net					

11>	<a1></a1>	<a2></a2>	<b1></b1>	 	(KC>	<d1></d1>	2d25	<d3></d3>	<d4></d4>
	State	· Exchange (ILEC)	Resid ential Ra te	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadban d Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
1								<u> </u>	
-			-				.,411		
ŀ									
ŀ									
Ì			Se	e attached					
			work	sheet					
1									
							•		
L				<u>.</u>	<u> </u>				
Ĭ			<u>:</u> [THE RESERVE OF THE PROPERTY OF					
Ì									
. [

	erating Companies				
MADES OF THE REAL PROPERTY.	lection Form				ECC Form 483 CMB Control No. 3050-0986 /OMB Control No. 3060-08.
	A COLONIA COLO				July 2013
<010>	Study Area Code		310703		
<015>	Study Area Name		KALEVA TEL CO		
<020>	Program Year		2014		
<030>		USAC should contact regarding this data	JACK C. SCHAEFER		
<035>		ber - Number of person identified in data line			
<039>	Contact Email Address -	Email Address of person identified in data line	<030> jcschaefer@kal	telnet.net	
<810>	Reporting Carrier	KALEVA TELEPHONE COMPANY			
<811>	Holding Company	KALTELCO INC.			
<812>	Operating Company				
			,		
<813>		<a1></a1>	48.2	<a2></a2>	<93>
		Affiliates		SAC	Doing Business As Company or Brand Designation
٠.			See a	ttached works	sheet
			• •		
			·		
		reduced to the second s			
,			The state of the s	Transportation of the control of the	
					
	THE CONTRACTOR OF THE SECOND PROPERTY OF THE CONTRACTOR OF THE CON				
•			······································		
•		. , ,			
-				· ·	
-					<u> </u>
-					
				l (

Study Area Code 135709 Study Area Code 135709	(900) Tril	oal Lands Reporting			Fee Formas			数是 非常数据2数据
Collow Study Area Céde Chief Study Area Name Chief Complance with Cultural Processes Constant Stellands of the Status described on the attached PDF, on line 970, demonstrates coordination with the Tribal government pursuant to \$54,313(a)(9) includes: Collow Study Area Name Complance with Cultural Processes 2039	Cuta Col	and the same of th		u Saula u mun Sainn, un en system, un sei 2000 in un in in in um promite manife seite Saula consented in	OME Centro	No. 3060	0986/OMB (Control No. 3060-0819
Study Area Name 2020 Program Year 2030 Contact Name - Person USAC should contact regarding this data 2035 Contact Name - Person USAC should contact regarding this data 2035 Contact Telephone Number - Number of person identified in data line <0300 212-147-3313 2039 Contact Email Address - Email Address of person identified in data line <0300 / jeschaefeestkal tainet. net 2010 Tribal Land(s) on which ETC Serves 2020 Tribal Government Engagement Obligation If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: 2021 Needs assessment and deployment planning with a focus on Tribal community and archer institutions: 2022 Section of the Status of			and the second second	nisigiler. Baran and an ann an	July 2013	TOPIG	1000	
Study Area Name 2020 Program Year 2030 Contact Name - Person USAC should contact regarding this data 2035 Contact Name - Person USAC should contact regarding this data 2035 Contact Telephone Number - Number of person identified in data line <0300 212-147-3313 2039 Contact Email Address - Email Address of person identified in data line <0300 / jeschaefeestkal tainet. net 2010 Tribal Land(s) on which ETC Serves 2020 Tribal Government Engagement Obligation If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: 2021 Needs assessment and deployment planning with a focus on Tribal community and archer institutions: 2022 Section of the Status of			210702					
Acad Contact Name - Person USAC should contact regarding this data Acad Contact Name - Person USAC should contact regarding this data Acad Contact Name - Person USAC should contact regarding this data Acad Contact Name - Person USAC should contact regarding this data Acad Contact Name - Person UsAC should not								
Contact Name - Person USAG should contact regarding this data State C. SCUARERS Contact Telephone Number of person identified in data line <030> 233-963-3111 Contact Telephone Number of person identified in data line <030> Scenhaefere/stateolinet.set Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes, No, NA)		A STATE OF THE PARTY OF THE PAR						
Contact Telephone Number - Number of person identified in data line <030> 233-369-3131 C039> Contact Email Address - Email Address of person identified in data line <030> josehaefseshalselses.net Compliance with Fadilites String rules Compliance with Environmental Regular processes Compliance with Environmental Review processes				HARFER				
Contact Email Address - Email Address of person identified in data line <03D> goodhaaf are Waltelmet.met Contact Email Address - Email Address of person identified in data line <03D> goodhaaf are Waltelmet.met Compliance with Environmental Rengagement Obligation Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Adapting services in a culturally sensitive manner; Compliance with fland Use permitting requirements Compliance with Environmental Review processes								
<920> Tribal Land(s) on which ETC Serves Page			C 10001					
 Tribal Government Engagement Obligation	10337	Contact Enformation Co.	, , , , , , , , , , , , , , , , , , , ,					
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221	<910>	Tribal Land(s) on which ETC Serves				•		•
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221								
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221								
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221								
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221								
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221						-		
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221								
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221								
Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: 4221	<920>	Tribal Government Engagement Obligation						
each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes, No, NA)				Name of Attached Document (.pdf)			
each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes, No, NA)		If your company serves Tribal lands, please select (Yes.No. NA) for						
PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Analysis of the planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Analysis of the planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Analysis of the planning with a focus on Tribal community anchor institutions: Select (Yes,No, NA) Select (Yes,No, NA) Community and sustainability planning; Select (Yes,No, NA) Select (Yes,No, NA) Select (Yes,No, NA) Select (Yes,No, NA) Community and sustainability planning; Select (Yes,No, NA) Select (Yes,No, NA								
government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA)								
Select (Yes,No, NA) Select (Y								
Needs assessment and deployment planning with a focus on Tribal community anchor institutions: Section Community and sustainability planning; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Com			Coloot	٦	•			
NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Parallelity and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes								
Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Section ty and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Environmental Review processes Compliance with Cultural Preservation review processes			1 '	·				
community anchor institutions; <922> Fe colority and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes	.021-	Mondo assessment and declarement planning with a focus on Tribal	17.7	=			•	
<922> Fe cololity and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes	<521 >							
<923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes	√ 022÷							
<924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes				4				
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes		-	-	4				
<926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes			ļ					
<927> Compliance with Environmental Review processes <928> Compliance with Cultural Preservation review processes				·				
<928> Compliance with Cultural Preservation review processes				4				
				4				,
<929> Compliance with Tribal Business and Licensing requirements.	<928>	·		1				
	<929>	Compliance with Tribal Business and Licensing requirements.]				

outher.	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 No. 3000-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310703
<015>	Study Area Name	KALEVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER
<035>	Contact Telephone Number - Number of person identified in data line <030>	231-362-3111
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcschaefer@kaltelnet.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

(1200) Te	erms and Condition for Lifeline Customers			FCC Form 481
Lifeline		organis Albaras		OMB Control No. 3060-0986/OMB Control No. 3060-0919
	ection Form			July 2013
<010>	Study Area Code		310703	
- 015>	Study Area Name		KALEVA TEL CO	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		JACK C. SCHAEFER	
<035>	Contact Telephone Number - Number of person identified in data li	ine <030)> 231-362-3111	
<039>	Contact Email Address - Email Address of person identified in data	line <03	0> jcschaefer@kaltelnet.net	
			•	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
			Name of attached document (.pdf)	
<1220>	Link to Public Website	HTTP_	www.kaltelnet.net	
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,			
<1223>	Additional charges for toll calls, and rates for each such plan.			
			k)	

		. •			rage 1
建建筑工作	rice Cap: Carrier Additional Documentation	建筑业和制造的制造的基件			
	lection Form				50-0986/OMB/Control No.: 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carrier	3 及中的主义,即是10年,1940年,1940年,1940年		Luly 2013	The Call Market and the Call
<010>	Study Area Code	310703			
<015>	Study Area Name	KALEVA TEL CO			
<020>	Program Year	2014			
<030%	Contact Name - Person USAC should contact regarding this data	JACK C. SCHAEFER			
<035>	Contact Telephone Number - Number of person identified in data line <030				
<039>	Contact Email Address - Email Address of person identified in data line <03	0> jcschaefer@kaltelnet.net	· · · · · · · · · · · · · · · · · · ·		
	support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on	this form and in the documents attach	ed below is accurate.	
-2010-	Incremental Connect America Phase I reporting			F==	•
<2010> <2011>	2nd Year Certification {47 CFR § 54.313(b)(1)} 3rd Year Certification {47 CFR § 54.313(b)(2)}			 	
\2011>	310 Teal Certification (47 CFR § 34.313(b)(2))				
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312)	a)}			
<2012>	2013 Frozen Support Certification	- n		F-7	
<2013>	2014 Frozen Support Certification				
<2014>	2015 Frozen Support Certification		\$		
<2015>	2016 and future Frozen Support Certification				
					
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}				
<2016>	Certification Support Used to Build Broadband				
	Connect America Phase II Ponentine (47 CED & E4 212/-)				
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification				
~2U1/2	ara year brodundin service cerunication				

Name of Attached Document Listing Required Information

<2018>

<2019>

<2020>

<2021>

5th year Broadband Service Certification

service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband

Interim Progress Certification

THE POST OF	in Telephone the second of the second	THE RESIDENCE OF THE PERSON		
146000000000000000000000000000000000000	ate Of Return Carrier Additional Documen	tation		FCCForm481
Data Coll	ection Form			OMB Control No. 3050-0986/OMB Control July 2013
-	A CASE OF THE PARTY OF THE PART			
- <010>	Study Area Code	310703		
<015 -	The second series and the second seco	KALEVA TEI	CO	
VI 3.10	 Strike vermisse at the second of the second o	regarding this hara JACK	C. SCHAEFER	
	Community of the sumper of the	e koment og engligter (120)		
	<u> </u>	n in the part of season of the	ST. 1,7-12-5 (1) - 34-1 (Be 5	
CHECK t	•		t to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring e information reported on this form and in the documents attach	compliance with the financial reporting requirements set forth in 47
	CFR 9:	54.313(1)(2). I further Certily that th	e information reported on this form and in the documents attacr	sed below is accurate.
	Progress Report on 5 Year Plan			
(3010)	Milestone Certification (47 CFR § 54.313(f)(1		Name of Attached Document Listing Required Information	
	Please check this box to confirm that the atta			<u> </u>
(3011)	contains the required information pursuant to recipient of CAF Phase !! support shall provide			
,,	addresses of community anchor institutions			
	access to broadband service in the preceding	g calendar year.	•	
(3012)	Community Anchor Institutions (47 CFR § 54	.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier	- {47 CFR § 54.313(f)(2)}		(Yes/No)
(3014)	If yes, does your company file the RUS annual Please check these boxes to confirm that the			(Yes/No)
	contains the required information pursuant			
	requires:			
(3015)	Electronic copy of their annual RUS reports (Telecommunications Borrowers)	Operating Report for		
(3016)	PDF of Balance Sheet, Income Statement and	Statement of Cash Flows	·	
•	If the response is yes on line 3014, attach you			
(3017)	report and all required documentation		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your cor	mpany audited?		(Yes/No)
	If the response is yes on line 3018, please che			
	confirm your submission, on line 3026 pursu	ant to 9 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial staten	nent; or (2) a financial report		
,,	in a format comparable to RUS Operating Rep PDF of Balance Sheet, Income Statement and			· 一
(5020)	For a description of the state	. State Felit of Cash Flows		
,SUII;	Management attacksources, the independent			
	that performed the company's financial audi			
	If the response is no on line 3018, please che to confirm your submission, on line 3026 pur		r,	
	contains:	30ant to 3 34.313(1)(2),		
	Copy of their financial statement which has b			✓
(3022)	independent certified public accountant; or a format comparable to RUS Operating Report			
	Borrowers,			
(3023)	Underlying information subjected to a review public accountant	v by an independent certified		
(3024)	Underlying information subjected to an office	er certification.		
(3025)	PDF of Balance Sheet, Income Statement and			\square
(3026)	Attach the worksheet listing required informa		Name of Attached Document Listing Required Information	Kaleva 2012 Review Report Confidential
,1				

REDACTED - FOR PUBLIC INSPECTION

Certification Reports Data Collection Form	g Carrier FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-
<010> Study Area 3	ie 310703
<015> Study Area ?	KALEVA TEL CO
<020> Program Yes	2014
<030> Contact N	Ferran USAC should contact regarding this data JACK C. SCHAEFER
<035> Contact	one lumber - Number of person identified in data line <030> 231-362-3111
<039> Contact	Adds - Email Address of person identified in data line <030> jcschaefer@kaltelnet.net
I certify that I am an exceptions; and, to the	Cartification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients on the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting carrier; my responsibilities and the accuracy of the annual reporting carrier; my responsibilities and the accuracy of the annual reporting carrier; my responsibilities and the accuracy of the annual reporting carrier; my responsibilities and the accuracy of the annual reporting carrier; my responsibilities and the accuracy of the accura
Name of Reporting Care	FALEVA TEL CO
Signature of Authorize	CERTIFIED ONLINE Date
Printed name of Author	ed on cer:
Title or position of A	isear (ficer:
Telephone number	© n. · d Officer:
Study Area Code of Rei	Filing Due Date for this form: 1577 History
Persons with div	eg Dise statements on this form can be punished by fine or forfeiture under the Communications Act of 1964, and 5 100, §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

100 PM	On-Agent / Carrier ection Form	ICC Form 481 CIUB Control No. 3060-0986/OMB Control No. 3060-0819 Dry 2013
<010>	Study Aréa Code	310703
<015>	Study Area Name	KALEVA TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC sho	uld contact regarding this data JACK C. SCHAEFER
<035>	Contact is option stumber - Nur	nber of person identified in data line <030> 231-362-3111
<039>	Contact Fer all Adversess - Email Ad	dress of person identified in data line <030> jcschaefer@kaltelnet.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

also certify the second	Agent: yelfice of the repeating carrier; my responsibilities include ensition in showledge, the reports and data provided to the authorize	iring the accuracy of the anno-	Information reported on behalf of the reporting carrier, that reporting requirements provided to the authorized
Name of Authorized -	eat		
Name of Reporting Co.	Per: MALEVA TEL 10		
Signature of Austonia	Officer: CERTIFIED ONLINE		Date:
Printed name of Auth-	red O fficer:		_
Title or position of Au-	oriz ed (Picer:		
Telep hone n ur			
Study Area Co.	eting lefert 20 in 1985 Due t	Date for this form: 10/15/2::	

TO BE COMPETEE BY THE AUTHORIZED AGENT:

_	entification of Agent Authorized to File Annual Reports for CAF or LI Recipies :	on Beta of Reporting carrier
, as agent for the c	ring Carrier, Certify that I am aut horized to submit the annual reports for universal service support and base and data provided by the reporting carrier; and, to the best of my knowledge, the information	Jients and all of the reporting carrier; I have provided reported are in is accurate.
Nam e of Rep orting	vai Kalenda Tel Co	
lame of Authorica	nt or Engine of Agent:	
ature of A	eger megyenest hammi "EffFire of 198	Date
int ed nam e	ze d A grae in Employer of Agent:	
itle or positio	orized (year), or Empire (and Agen)	
dephone num	Choric (LApent or Fre. Byee of A pent)	
ady Area Con-	tang ser: <10703 File & Due Date for this force: 16/15	
Perso	The state of the s	-, 47 U.: 502, 503(b), or to consimprisonment under Title

REDACTED - FOR PUBLIC INSPECTION

Attachments

${\bf REDACTED-FOR\ PUBLIC\ INSPECTION}$

KALEVA TELEPHONE COMPANY (SAC 310703) ATTACHEMENT – LINE 3026 ATTACHEMENT REDACTED IN ENTIRETY